**PROPUESTA DE UNIDADES DE APRENDIZAJE A CURSAR EN MOVILIDAD**

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| LLENAR ESTE FORMATO A MÁQUINA |  | Ciudad de México a | **12** | de | **Noviembre** | de | **2024** |

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| --- | --- | --- | --- | --- | --- | --- |
| Año Académico | **2024** | Semestre en el que realiza la movilidad | Enero - Junio | (**X**) | Agosto - Diciembre | (X) |

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| Institución destino |  | **Bronx Care Hospital Center** |  | Estado Destino | **Estados Unidos** |

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| Nombre |  | **Hospital Center** | | | | | |  | Boleta | |  |
| Apellido Paterno |  | Apellido Materno |  | Nombre (s) | | |

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| **ESM** |  | **Médico Cirujano y Partero** |  | **9.0** |  | **12** |  | **11** |  |
| Unidad Académica  (UA) |  | Programa Académico  (Carrera) |  | Promedio General |  | Número de semestres |  | Semestre en curso |  |

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| IPN | | Institución de destino/ Destination institution | | |
| Unidad de Aprendizaje | Créditos | Programa Académico (Carrera) | Unidad de aprendizaje revalidable/ | Créditos |
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| Total de créditos | **51** |  | Total de créditos |  |

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| Autorizó: |  | Vo.Bo. |
| Jefe de Carrera |  | Sub Director(a) Académico (a) |
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| Nombre y firma |  | Nombre y firma |

**DRI 07\_S**